

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Prison Health Services, Inc. Political Action Committee

ADDRESS (number and street)

105 Westpark Drive Suite 200

☐Check if different  
than previously  
reported. (ACC)

Brentwood

TN

37027

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00345496

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

19

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Thomas West

Signature of Treasurer

Electronically Filed by Thomas West

Date

12

07

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Prison Health Services, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		52356.78
(b) Cash on Hand at Beginning of Reporting Period .....	32317.58	
(c) Total Receipts (from Line 19) .....	4840.10	32411.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	37157.68	84768.03
7. Total Disbursements (from Line 31) .....	6245.68	53856.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	30912.00	30912.00
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Prison Health Services, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4273.80	28433.80
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	566.30	3957.87
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	4840.10	32391.67
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	4840.10	32391.67
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	19.58
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4840.10	32411.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4840.10	32411.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5245.68	14206.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	5245.68	14206.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	5000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	34650.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6245.68	53856.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6245.68	53856.03

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4840.10	32391.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4840.10	32391.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5245.68	14206.03
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5245.68	14206.03

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Prison Health Services, Inc. Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) RAYMOND LANGHAM Mailing Address 608 REDLEAF RIDGE CR Suite 200 City NASHVILLE State TN Zip Code 37211 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America Service Group, Inc. Occupation VP of Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1030174617980 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) DONNA MOORE Mailing Address 913 SEDGE GARDEN RD Suite 200 City KERNERSVILLE State NC Zip Code 27284 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America Service Group, Inc. Occupation Corporate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1045615717980 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Geoffrey Perselay Mailing Address 271 Grove Avenue Webster Commons Building E City Verona State NJ Zip Code 07044 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Prison Health Services, Inc. Occupation Group Vice President of Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1150.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1083045517980 Amount of Each Receipt this Period 150.00 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Prison Health Services, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** ANDREW SCHWARCZ

Mailing Address 504 CABOT PLACE

City State Zip Code  
 NASHVILLE TN 37221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1299941317980

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B.** RICHARD HALLWORTH

Mailing Address 4 DANA ROAD

City State Zip Code  
 BOXFORD MA 01921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Prison Health Services

Occupation  
CEO/President/Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1299941517980

Amount of Each Receipt this Period

570.00

P/R Deduction (\$190.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.** MICHAEL CATALANO

Mailing Address 544 GRAND OAKS DRIVE

City State Zip Code  
 BRENTWOOD TN 37027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America Service Group, Inc

Occupation  
President, CEO & Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR740402017980

Amount of Each Receipt this Period

576.90

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1263.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Prison Health Services, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

REGIS DORSCH

Mailing Address 1491 CHADLEWOOD DR

City

UPPER ST CLAIR

State

PA

Zip Code

15241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prison Health Services,  
Inc

Occupation

Group Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR740402417980

Amount of Each Receipt this Period

600.00

P/R Deduction (\$200.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

SCOTT HOFFMAN

Mailing Address 5609 OTTERSHAW CT

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America Service Group, Inc

Occupation

Senior Vice President & CAO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR740402717980

Amount of Each Receipt this Period

576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JESSE HUBLING

Mailing Address 9510 GRAND HAVEN DR

City

BRENTWOOD

State

TN

Zip Code

37207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prison Health Services,  
Inc

Occupation

Vice President for Business Dev.

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1748.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR740402917980

Amount of Each Receipt this Period

228.00

P/R Deduction (\$76.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1404.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Prison Health Services, Inc. Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) CARL J KELDIE Mailing Address 11933 WINGED FOOT TERRACE City State Zip Code CORAL SPRINGS FL 33071 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Prison Health Services, Inc. Occupation Corporate Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4600.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR740403017980 Amount of Each Receipt this Period 600.00 P/R Deduction (\$200.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) LAWRENCE H POMEROY Mailing Address 358 ARDSLEY PLACE City State Zip Code NASHVILLE TN 37215 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America Service Group, Inc Occupation SVP and Chief Development Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2645.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR740403417980 Amount of Each Receipt this Period 345.00 P/R Deduction (\$115.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) RODNEY HOLLIMAN Mailing Address 5008 FOUNTAINHEAD DR City State Zip Code BRENTWOOD TN 37027 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Prison Health Services, Inc Occupation Group Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2300.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR862784217980 Amount of Each Receipt this Period 300.00 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1245.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Prison Health Services, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)  
JOANNA GARCIA

Mailing Address 520 HOPEWOOD CT  
Suite 200

City State Zip Code  
FRANKLIN TN 37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America Service Group/PHS

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR919889617980

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

4273.80

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Prison Health Services, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Bass Berry & Sims PLC

Mailing Address AmSouth Center  
315 Deaderick St., Suite 2700

City Nashville State TN Zip Code 37238

Purpose of Disbursement

Legal Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13440773

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

2540.68

Legal Fees

Full Name (Last, First, Middle Initial)

**B.** Bass Berry & Sims PLC

Mailing Address AmSouth Center  
315 Deaderick St., Suite 2700

City Nashville State TN Zip Code 37238

Purpose of Disbursement

Legal Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13440774

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1080.00

Legal Fees

Full Name (Last, First, Middle Initial)

**C.** Political Action Committee Services LLC

Mailing Address 7700 Old Branch Avenue Suite D-103

City Clinton State MD Zip Code 20735

Purpose of Disbursement

PAC Administration Costs

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13401759

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1600.00

PAC Administration Costs

**SUBTOTAL** of Disbursements This Page (optional) .....

5220.68

**TOTAL** This Period (last page this line number only) .....

5220.68

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Prison Health Services, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Kean-NJ Victory 06

Mailing Address PO Box 225

City  
Colonia

State  
NJ

Zip Code  
07067

Purpose of Disbursement  
Contribution

Candidate Name  
Thomas Kean

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NJ

District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 13384288

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00